



# The Stork



## SLOG

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## Preventing "The Fall"

The cycle of a woman's life is so perfectly depicted by the seasons: from Spring, her birth and early years, to the Summer of her youth where reproduction and contraception are the pillars in her life, to the Autumn of her years where raging emotions and perimenopausal symptoms cloud her days, and finally the winter of her years, where her bones weigh her down...Each stage has its concerns but the greatest role befalls us, gynecologists, in trying to prevent her "fall".

With the Fall issue of the Stork, we dedicate our center stage to osteoporosis and we present OSTEOS guidelines, prepared by Drs. M. Seoud and G. Fuleihan in collaboration with the Lebanese OSTEOS Society on page 2. We will also officially launch "The Stork" at the Annual Congress of the Lebanese Society of Ob/Gyn, a 3 day program designed to address all the major medical and psychosocial issues as our women experience life's seasons, in an attempt to strengthen their stance and prevent the fall...

## Pelvic Organ Prolapse and Osteoporotic Fractures

Lubna Pal et al from Albert Einstein College of Medicine, New York, hypothesized that pelvic organ prolapse (POP) might be a focal manifestation of disordered connective tissue. This may put affected women at an increased risk for fractures, indicating that the two conditions have a common pathology. Their case-control study appeared in an advance online publication of *Menopause*, 15(1), 2008. Baseline data was collected from postmenopausal women aged 60 years and above, enrolled in the Women's Health Initiative, Estrogen plus Progestin Trial. Of 11,096 women, 9% had moderate-to-severe POP, including cystocele, rectocele, and uterovaginal prolapse. In addition, 41 % of women had a history of fractures and 19 % had sustained a fracture after the age of 55 years. Women with rectocele were significantly more likely to report fractures than were those with absent or mild prolapse. Furthermore, among a subset of patients who underwent bone densitometry, those with POP had significantly lower whole-body bone mineral density than those without the condition. The association between rectocele and fracture was confirmed using multivariate analysis, with an odds ratio of 1.45. The authors conclude that these findings suggest that suboptimal collagen status associated with POP may also involve bone collagen and hence, translate into skeletal compromise. It certainly would be worthwhile for us Gynecologists to pay special attention to osteoporotic risk factors in those patients presenting with POP.

## ACOG's Position on Cosmetic Vaginal Procedures

We have been witnessing a significant increase in the number of patients coming in for vaginoplasty, without any medical indications. As gynecologists, we must do what is in the patient's best interest without succumbing to the pressures. Of great relevance is ACOG's Press Release Sept. 1, 2007 in which it is recommended that women need to be made aware of the lack of safety and efficacy data in support of these procedures in terms of enhancing sexual functioning. On the contrary, these "Vaginal Rejuvenation" procedures may result in significant morbidities such as altered sensation, dyspareunia, scarring and infection. Proper counseling and even referral for sexual dysfunction would be the more appropriate route prior to surgical intervention. For details, refer to AOCG Committee Opinion #378, Sept 2007.

# OSTEOS Guidelines



Osteoporosis is a major public health problem with an increasingly heavier social and economical toll considering the demographic explosion of the world population in general, and of developing countries including the Middle East, in particular. International guidelines on osteoporosis have been put forth and further refined over the years, in light of the substantial body of evidence that has accumulated from prospective studies evaluating fracture and other risk factors, and from large randomized controlled trials. In the Eastern Mediterranean region, the high prevalence of osteoporosis risk factors and the expected further increase in life expectancy further underscore the need to act now to prevent a foreseeable epidemic of the disease in the next fifteen to twenty years. The Lebanese Society for Osteoporosis and Metabolic Bone Disorders, OSTEOS, has been instrumental in organizing two workshops in 2003 and 2006 to generate Lebanese Guidelines based on evidence-based international and, as importantly, local data. The 2003 guidelines were published in 2003 in the LMJ and their 1st Update will appear in the Fall issue of the LMJ. They are both posted on the IOF guidelines website, and summarized below.

## Lebanese Guidelines for Osteoporosis Assessment and Treatment 2003 LMJ 2002; 50:75-125.

JCD 2005; 8:148-163.

### Who should be tested?

#### Definite indications in postmenopausal women (PM):

- Age  $\geq$  65 years
- Vertebral deformity or fragility fracture
- Demineralization by X-rays
- Corticosteroid therapy more than 3 months

#### Definite indications in men:

- Hypogonadism
- Corticosteroid therapy more than 3 months
- Vertebral deformity or fragility fracture
- Demineralization by X-rays

#### Less definite indications:

- PM women  $\leq$  65 years with risk factors
- Subjects with conditions that cause bone loss

#### No indications to be tested:

- Premenopausal healthy cycling women
- Healthy men

### What measures to use?

#### Diagnostic Measurements:

- Central DXA, most established technology
- Spine and hip for all patients, add forearm in select situations (hyperparathyroidism, obesity, prosthesis)
- Lowest T-score of any site to diagnose osteoporosis
- Western database for the spine
- Use NHANES reference curve for the hip

#### Follow-up Measurements:

- Same machine, model, with strict quality assurance
- Follow-up spine, if not possible then hip
- Usual time between two measures 1.5 -2 years
- Significance of serial change over time to be derived from center specific precision measures

<http://www.iscd.org/visitors/resources/calc.cfm?fromResources=7>

### When to treat?

#### Definite indications in postmenopausal women (PM):

- Low BMD and history of fragility fracture
- T-score  $\leq$  -2.5
- Corticosteroid for more than 3 months and a T-score  $\leq$  -1.5

#### Definite indications in men:

- Low BMD and history of fragility fracture
- Age  $>$  70 years with a T-score  $\leq$  -2.5
- Corticosteroid for more than 3 months and a T-score  $\leq$  -1.5

#### Less definite indications:

- PM women or men with T-score between -1 and -2.5
- Men  $<$  70 with a T-score  $\leq$  -2.5

#### No indications to be treated:

- Premenopausal healthy women or young men with a T-score between -1 and -2.5

1st Update of the Lebanese Guidelines for Osteoporosis Assessment and Treatment 2007 based on local national data Bone 2007 40(4): 1060- and 1066-; LMJ 2007; 55(4).

### Which database should be used: western or local universal database?

- Western densitometer database for the spine
- NHANES reference curve for the hip
- RR/SD decrease in BMD same as western standards

### Should a gender-specific database be used in men?

- Use gender-specific western database for men for T-score derivation

### How many skeletal site(s) should be measured?

- Spine (L1-L4) and hip for subjects  $<$  65 years
- Hip only  $>$  65 years
- Add forearm in select situations: hyperparathyroidism, obesity, prosthesis
- Use lowest T-score of all sites to diagnose osteoporosis

### Recommendations in premenopausal women:

- WHO T-score bases diagnosis of OP does not apply
- Consider diagnosis of osteoporosis if there are:
  1. Secondary causes (e.g. glucocorticoid therapy, hypogonadism, hyperparathyroidism)
  2. Risk factors for fracture
  3. Presence of a fragility fracture

**This 1st Update provides basis to align the Lebanese guidelines with the WHO universal fracture risk assessment model.**

### The Lebanese Guidelines for Osteoporosis Assessment and Treatment were endorsed by:

- The Lebanese Society of Endocrinology
- The Lebanese Society of Obstetrics and Gynecology
- The Lebanese Society of Radiology
- The Lebanese Society of Rheumatology
- The Lebanese Association of Orthopedics
- World Health Organization
- The Lebanese Ministry of Health

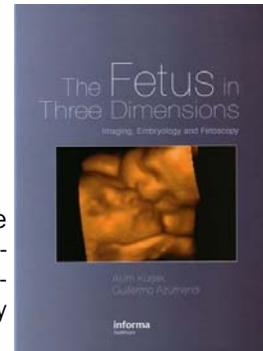
## Stork Literary Recommendations: The Fetus in Three Dimensions: Imaging, Embryology and Fetoscopy

Edited by Asim Kurjak and Guillermo Azumendi

*The Fetus in Three Dimensions* publishes a selection of very high-quality ultrasound images of the fetus alongside embryological preparations and fetoscopy images. This unique comparative technique will be an essential educational tool and work of reference for all involved in fetal ultrasound, including specialists in maternal-fetal medicine, ultrasound physicians, ultrasonography technicians, and midwives.

This is chiefly a book prepared by two authors; however, other specialist authors have been invited to contribute where they can offer access to additional outstanding visual material and the ability to explain its significance in an effective and lucid way. Finally, particular emphasis is placed on achieving a very high quality reproduction in the printing process, in order to do full justice to the wide variety of visual images presented.

The readers of this atlas will find that the emerging advantages of three-dimensional ultrasound have now become a clinical reality. March 2007: 27 chapters, 536 pages. ISBN13: 978-0-415-37523-8



## Stork Announces...Stork Announces...Stork Announces



### “Trends in Cervical Health”

With the availability of the HPV vaccine and the growing interest from both patients and colleagues, Stork would like to notify its readers of a quarterly on-line newsletter entitled “Trends in Cervical Health” put forth by a distinguished group of experts. Subscription is free and the subscriber must supply his e-mail address to which the newsletter gets sent. So far, 3 issues are available and all can be accessed on-line. To subscribe, please check out: [www.cervicalhealth.com/register.cfm](http://www.cervicalhealth.com/register.cfm).

### New Section for Members’ Research

Stork’s editorial board would like to ask all members of the Lebanese Society of Ob/Gyn to submit summaries of studies they may have had in the past 2 years for publication. The aim is to encourage member participation as well as make data from our Lebanese population readily available to all of our members. Publications can pertain to general ob/gyn, gyn-onc, infertility as well as maternal fetal medicine. Summaries need to be approximately 120 words (750 characters). Please submit abstracts in “word format” to [lebaneseobgyn@yahoo.com](mailto:lebaneseobgyn@yahoo.com).

### Annual Congress of MEDUOG

The 5th annual meeting of the Mediterranean Association of Ultrasound in Ob/Gyn is to be held at Ain Al Sukhna, Egypt, May 15-17. Details can be found at [www.meduog.com](http://www.meduog.com).

### Safe Pregnancy Health Letter

The "Challenges and Choices in Changing Childbirth" regional team (CCCC) at the AUB Faculty of Health Sciences is publishing "Salamat 7amlek". This newsletter aims at enhancing women’s awareness of issues related to maternal health, as well as promoting the role of CCCC. The 2-4 paged Arabic newsletter will be distributed quarterly to approximately 10000 women at private and public clinics. Topics are conveyed in an easy-to-read fashion and they include results of CCCC studies, from the preconception to the postpartum period, that are of relevance to the patient and her partner. “Salamat 7amlek’s” first issue has been published and its main theme is dealing and coping with “stress” in pregnancy. Other topics covered are the effect of noise on the developing fetus, expected physiological and physical changes during pregnancy as well as the main goals of the postpartum visit. The first issue is supported by the UNFPA and can be picked up from the AUB Faculty of Health Sciences, free of charge.

### Free Junior Membership to SLOG

The Lebanese Society of Ob/Gyn proudly announces offering free “Junior” membership to all current Ob/Gyn residents in Lebanon.

This junior membership entitles them to attend all activities of the society, in addition to receiving their own free copy of Stork, on a quarterly basis.

For joining, please submit a letter from your program director, as well as your detailed information, to Mrs. Soraya Abi Nader at 01-610710 Ext 202.

## The Lebanese Society of Obstetrics and Gynecology

Beit Al Tabib  
Beirut - Lebanon  
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## Stork Reviews Two Studies by NICHD-MFM Units Network on Trial of Labor After Cesarean and Risk of Uterine Rupture

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First study (Grobman et al Obstet Gynecol February 2007): The objective of this study was to compare pregnancy outcomes in women with one prior low-transverse cesarean delivery after induction of labor with pregnancy outcomes after spontaneous labor. Among the 11,788 women studied, an increased risk of uterine rupture after labor induction was found only in women with no prior vaginal delivery (1.5% versus 0.8%,  $p=0.02$ ). Blood transfusion, venous thromboembolism, and hysterectomy were also more common with induction among women without a prior vaginal delivery. No measure of perinatal morbidity was associated with labor induction. An unfavorable cervix at labor induction was not associated with any adverse outcomes except for an increased risk of cesarean delivery.

Second study (Landon et al Obstet Gynecol July 2006): In a prospective multicenter observational study, maternal and perinatal outcomes were compared among women attempting vaginal birth after multiple cesarean deliveries and those with a single prior cesarean delivery. Uterine rupture occurred in 9 of 975 (0.9%) women with multiple prior cesarean compared with 115 of 16,915 (0.7%) women with a single prior operation ( $p=0.37$ ). The rates of hysterectomy (0.6% versus 0.2%,  $p=0.023$ ) and transfusion (3.2% versus 1.6%,  $p < 0.001$ ) were increased in women with multiple prior cesarean deliveries compared with women with a single prior cesarean delivery attempting trial of labor. The authors concluded that maternal morbidity is increased with trial of labor after multiple cesarean deliveries, compared with elective repeat cesarean delivery, but the absolute risk for complications is small.

## Upcoming Congresses

COURSE TITLE	DATES	LOCATION	WEBSITE ADDRESS
OB/Gyn Pearls	November 15-17, 2007	Las Vegas, Nevada	<a href="http://www.acog.com/postgra/pgpage.cfm?recno=390">www.acog.com/postgra/pgpage.cfm?recno=390</a>
10th Congress of the European Society for Sexual Medicine	November 25-28, 2007	Lisbon, Portugal	<a href="http://www.essm-congress.org">www.essm-congress.org</a>
34th International Symposium on "Advances and Controversies in Gynecologic Oncology"	November 28-20, 2007	Barcelona, Spain	E-Mail: <a href="mailto:symp2007@dexeus.com">symp2007@dexeus.com</a>
4th Pan Arab Continence Society Congress	December 6-8, 2007	Doha, Qatar	<a href="http://pacsoffice.org/">http://pacsoffice.org/</a>
The Mature Woman: From Perimenopause to the Elderly Years	December 6-8, 2007	Chicago, Illinois	<a href="http://www.acog.com/postgra/pgpage.cfm?recno=392">www.acog.com/postgra/pgpage.cfm?recno=392</a>
Advanced Operative Endoscopy	January 26-30, 2008	Alexandria, Egypt	<a href="http://www.alexgynendoscopy2007.com/">www.alexgynendoscopy2007.com/</a>
Society of Maternal Fetal Medicine 28th Annual Meeting	January 28-February 2, 2008	Dallas, Texas	<a href="http://www.smfm.org">www.smfm.org</a>
International Union Against Sexually Transmitted Infections	February 3-6, 2008	Dubai, UAE	<a href="http://www.iusti.org">www.iusti.org</a>
SGO 39th Annual Meeting on Women's Cancer	March 9-12, 2008	Tampa, Florida	<a href="http://www.sgo.org/meetings/2008Annual/">www.sgo.org/meetings/2008Annual/</a>
American Institute of Ultrasound in Medicine's Annual Meeting	March 12-15, 2008	San Diego, California	<a href="http://www.aium.org/cmeActivities/events/ann2008/intro.asp">www.aium.org/cmeActivities/events/ann2008/intro.asp</a>